Editorial:

ACCREDITATION

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Accreditation of medical education has become a necessity for all countries of the region. It will enable medical school graduates in the region to meet the requirements of global standards for medical education and practice. Accreditation also provides support for continuous quality improvement in medical education and safeguards the medical profession, to comply with accepted regional or national standards.

What is Accreditation:-

Accreditation for medical education programs is ***a voluntary peer-review process*** designed to attest the educational quality of new and established medical educational programs.

Why there is a need for Accreditation:-

The ***remarkable increase of the number of medical schools*** around the world over the last decades, and many of which have been established under questionable conditions, as well as the ***goal of safeguarding the quality of healthcare systems*** in a world have increased the awareness of accreditation as a quality assurance tool.

When: - In

In ***2004***, WHO and WFME established the international Task Force on Accreditation. In October of the same year 26 members of the task force from 23 countries covering all six WHO – WFME regions assembled for three days at a seminar in Copenhagen, Denmark, to discuss how WHO and WFME could contribute to establishing sustainable accreditation systems. The need for guidelines was stressed at the seminar and the present document is based on the discussions at the seminar.

Based on the results of this task force the strategic partnership has formulated ***a set of guidelines for accreditation of basic medical education institutions and programs***. Then the activity for accreditation is globalized to be a world- wide activity ***(In all the countries).*** The guidelines for accreditation of basic medical education where established by the WHO/WFME in there meeting in ***Geneva/Copenhagen in May 2005***.

The WHO–WFME guidelines are global, but flexible. WHO and WFME acknowledge the differences between countries and regions regarding governance of medical education, socioeconomic conditions and resources, health care delivery systems, etc. Consequently, the global WHO–WFME guidelines for accreditation are flexible and take into account the context in which they are to be used.

A dead line for accreditation is setup according to the different regional offices of the WHO, to reach the standards which are useful for educational institutions as a basis for internal evaluation towards continuous quality improvement.

Evaluation based on generally accepted standards is the short-term

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results of accreditation as described in the regional accreditation guidelines, ***accreditation is usually granted for periods of up to six years.***

When schools are found to have serious deficiencies, this should not be the basis for decisions to close schools or deny recognition to graduates, but they are granted conditional accreditation for limited periods contingent upon certain issues to be addressed and actions to be taken by the school. If a school continues to be unable to deliver courses at the accepted standard, its students must be directed to another school to complete an accredited medical course before they can be recognized.

ACCREDITATION IN COUNTRIES OF THE EASTERN MEDITERRANEAN REGION AND OF IRAQ

For most of the 20th century, the ***General Medical Council (GMC)*** of the United Kingdom was responsible for evaluating and maintaining a register of medical schools

Operating in countries of the Region and teaching in English. The 18 medical schools established in the Region before 1950 were founded by academicians from Europe, United Kingdom or United States. The foundation is not only is the curriculum in these schools based on the style used by the founding country, but even in the certificates conferred by these schools also follow the same nomenclature used in the founding country. For example, MBChB degree of Scotland is conferred in Iraq.

The GMC has continued to evaluate medical schools overseas; it no longer evaluates schools in some countries of the Region because of proliferation of new schools. The number of medical schools in the Region has grown considerably, from 18 schools in 1950 to around 251 in 2005 of which more than 50 are private.

In the 1980s, licensing bodies in industrialized countries started to use the WHO *World directory of medical schools* in determining which medical school graduates from overseas would be allowed to sit for medical license examinations. However, this listing of medical schools is confined to schools that are approved by the related national ministries of health.

In Iraq, the awareness for accreditation is not a new task, a national system of accreditation of medical schools, which included national unified examinations, was implemented in 1992 as part of a wider accreditation program for all institutions of higher education. However, the program was stopped in 1999 because of technical constraints.

Moreover; the Arab Board of Medical Specialization, a professional

Postgraduate board affiliated with the Council of Arab Ministers of Health, has successfully administered a sub-regional accreditation system for postgraduate medical education since the early 1980s. But the pioneering work of the Arab Board in this respect has mainly focused on accreditation of training hospitals used for postgraduate studies.

Although all countries of the Region have established procedures to be followed before graduates from a new medical school are recognized and accepted to practice, these procedures are laid out by national professional bodies or ministries of health and are not based on a structured and objective accreditation program.

By assessing medical schools for accreditation purposes, professional medical registration bodies can be assured that a medical school's educational program satisfies agreed national guidelines for basic medical education. Moreover, accreditation of a

medical school facilitates registration of its future graduates in other countries. A graduate of a medical course accredited by a regional accreditation body would be eligible to register in any country of the Region.

Lastly we should know that accreditation provides an incentive for schools to introduce reform aimed at improving their educational performance and ensuring that both the schools and their graduates are fit for the purpose of promoting and improving the health of their communities.